POSITION	INITIALS	ID NO.	DATE
	me		09/27/01
FEE DETERMINATION		*20*	8/30
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	09-18-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	....	Rejected
=	....	Allowed
–	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Claim Final	Original	Date 5/3/04
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
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Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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